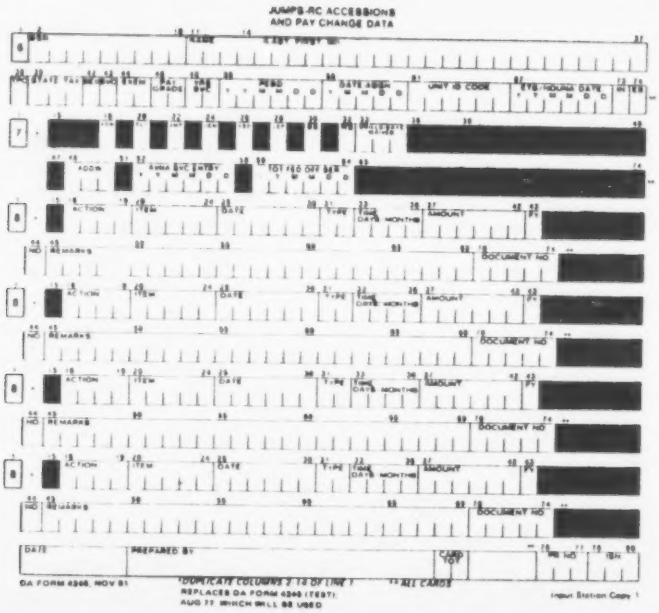
542-140-0016-A

PREPARING DA FORM 4245

Initial Load on the "8" Card

TEC Lesson 542-140-0016-A



OCT 9 1985
DEPOSITORY

Produced by
ARMY RESERVE
READINESS TRAINING CENTER
FORT McCOY WISCONSIN

STUDENT/SUPERVISOR INSTRUCTIONS, PRE-TEST/POST-TEST, AND ANSWER KEY ARE CONTAINED IN THIS BOOK

MAY 1985

DWL 6

If you have any questions or comments concerning the TEC Lesson, address them to:

Commandant
Army Reserve Readiness Training Center
ATTN: AFYB-TD
Fort McCoy, WI 54656-5000

READ THE STUDENT/SUPERVISOR INSTRUCTIONS CAREFULLY. BE SURE YOU UNDERSTAND THEM COMPLETELY BEFORE BEGINNING THE LESSON. PLEASE DO NOT WRITE IN THIS BOOK.

The words "he," "his," and "men," when used in this publication, represent both the masculine and feminine genders, unless otherwise stated.

STUDENT/SUPERVISOR INSTRUCTIONS

TYPE OF LESSON

Administrative

AUDIENCE

USAR Full-Time Unit Support (FTUS) Personnel
Unit Technicians
MOS 71L, 75B--Premobilization

TRAINING OBJECTIVES

Soldiers completing this lesson should be able to complete the "8" card section of DA Form 4245 and determine which source documents provide initial load data for the "8" card section.

MATERIAL/EQUIPMENT REQUIRED

Lesson booklet

3 blank DA Forms 4245

Pencil

TIME REQUIRED

45 minutes

REFERENCES

AR 37-104-10

READEX FICHE best copy available

STUDENT/SUPERVISOR INSTRUCTIONS

STUDENT INSTRUCTIONS

Prerequisite: Before taking this lesson, you should have successfully completed TEC Lessons 542-140-0014-A and 542-140-0015-A.

Take the Pre-Test/Post-Test. If you pass, you do not have to take the lesson.

Make sure you have the material and equipment required to complete the lesson.

Take the lesson. Use a blank DA Form 4245 or photocopies. Do not write in this book.

When you complete the lesson, take the Pre-Test/Post-Test again. If you do not pass, take the lesson again.

This lesson on the DA Form 4245 is the third in a series of three on the initial load.

SUPERVISOR INSTRUCTIONS

Make sure students have completed the prerequisite given in the Student Instructions.

Administer the Pre-Test/Post-Test to determine need for the lesson. Responses to test questions must be made on a blank DA Form 4245 or a photocopy, not in the lesson book. Make sure students have three copies of DA Form 4245 to use to complete the lesson. To pass the Pre-Test/Post-Test, a soldier must answer 8 of the 10 test items correctly.

Administer the lesson to students who do not pass the Pre-Test/Post-Test. Remind them to write their responses to the exercises on a blank DA Form 4245 and not in the lesson book.

Administer the Pre-Test/Post-Test to students who complete the lesson. Students who do not pass must take the lesson again.

DA FORM 4245
The "8" Card

This test requires you to complete the "8" card section of DA Form 4245 (JUMPS-RC Accessions and Pay Change Data) for an initial load. You will need 2 blank DA Forms 4245 and a pencil or pen. You may use AR 37-104-10 as a reference. After completing this test, check your answers against the "Pre/Post-Test Answer Key" at the end of the lesson. The test has a total value of 10 points. If you do not get at least 8 points, take the lesson. Write your responses on the blank DA Form 4245. Do not write in this book.

1. On your first DA Form 4245, enter the administrative data and enter the routing number and check digit in the proper columns to provide for the member's election of Direct Deposit/Electronic Fund Transfer (DD/EFT). Use the example below to obtain the correct data.

Standard Form 1199A (Rev. 1-72)
Department of Treasury—Fiscal Service
Treasury Dept. Cir. 1076

AUTHORIZATION FOR DEPOSIT OF FEDERAL RECURRING PAYMENTS

RECIPIENT (PAYEE) TO COMPLETE ITEMS A THROUGH J

I (we) authorize and request the below indicated program agency to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with the program agency until canceled by notice from me (us).

A. CLAIM OR FILE NUMBER			B. PROGRAM AGENCY	C. TYPE OF PAYMENT
PREFIX (for CSC & ATAP)	CLAIM NUMBER (for all payments)	SUFFIX OR PAYEE NO. (if applicable)	US Army	Salary

D. NAME(S) OF RECIPIENT(S) OF FUNDS	E. TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
Peter J. Meyer	C — DEPOSITOR ACCOUNT NUMBER: 123 36 8179
F. MAILING ADDRESS OF RECIPIENT(S): Box 119, Meadowview Lane	G. NAME OF PERSON(S) FOR WHOM PAYMENT IS MADE (The payment created by payment): Peter and Mary Meyer
(Street, Number and Name): Menomonie, WI 54751	H. IF SURVIVOR ANNUITANT, GIVE NAME OF DECEASED (CSC case)
(City, State and Zip Code) ☐ Place an "X" in the box if address is different from the address to which your check is normally delivered.	I. TELEPHONE NUMBER OF RECIPIENT(S): 715-856-6868

J. SIGNATURE(S) OF RECIPIENT(S) OR WITNESSES (See instructions on Reverse)

SIGNATURE	SIGNATURE	DATE
Peter J. Meyer	Mary A. Meyer	6 Jan 85

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR, Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

ROUTING NUMBER	CHECK DIGIT	NAME AND ADDRESS OF FINANCIAL ORGANIZATION
8 3 6 5 - 9 8 2 2	6	First National Bank 905 South Fifth Street Menomonie, WI 54751

2. Record the type of account and the depositor account number on the "8" card. Refer to the figure above.

3. In the example below, SGT Burke has elected to have her check mailed to a specified address. On your second DA Form 4245, enter the administrative data and then enter the member's complete address. Use the DA Form 3685 shown below to obtain your data.

JUMPS - ARMY PAY ELECTIONS

For use of this form, see AR 37-104-3; proponent agency is U.S. Army Finance and Accounting Center

Privacy Act of 1974 (5 USC 552a). Authority: Title 37 USC Sec 101. Principal Purpose(s): To provide the service member a means of electing the manner in which he desires to receive his pay and allowances. Routine Uses: To establish the pay account of the MMPF. Although disclosure of the information is voluntary, if the member does not provide it, input will automatically be established to receive all pay at end of month by "Check for Cash."

HOW DO YOU WANT TO BE PAID? Please check one item.

☐ ONCE A MONTH (Complete A & B) ☐ TWICE A MONTH (Complete C & D) ☐ TOTAL ACCRUAL (Read E)

A If you checked once a month, please check one item.

☐ ALL PAY END-OF-MONTH
☐ MID-MONTH PAY OF $ _____ (Not to exceed ½ of total) ACCRUE BALANCE OF PAY (Read E)
☐ ACCRUE $ _____ EACH MONTH/ BALANCE OF PAY END-OF-MONTH (Read E)

B Please check one method of payment.

☐ SURE PAY/DIRECT DEPOSIT (Complete F)
☐ CHECK to address (Complete G)
☐ CHECK to me at my unit
☐ CASH

C If you checked twice a month, please check one item.

☐ ½ OF PAY MID MONTH BALANCE OF PAY END-OF-MONTH
☐ MID MONTH PAY OF $ _____ (Specify amount, not to exceed ½ of total) BALANCE OF PAY END-OF-MONTH
☐ ACCRUE $ _____ EACH MONTH MID MONTH PAY OF $ _____ (Not to exceed ½ of total) BALANCE OF PAY END-OF-MONTH (Read E)

D Please check one method of payment for Mid-Month and one for End-Of-Month

(You can have only one check address)*

	MID-MONTH	END-OF-MONTH
☐ CHECK to address (if SURE PAY/ DIRECT DEPOSIT, Complete F) (All other address checks complete G)	☐	☐
☐ CHECK to me at my unit	☐	☐
☐ CASH		

*YOU CAN NOT COMPLETE BOTH BLOCK F and G.

E ALL AMOUNTS ACCRUED MAY BE WITHDRAWN AT ANY TIME UPON APPLICATION TO YOUR FINANCE OFFICER.

F Please read the back of this form carefully before completing this block.

☐ SF 1199A Attached
☐ SF 1199A on file in my PFR
☐ Other (complete lines 1 thru 5 at right)

1. (Name of Financial Organization)
2. (Savings or Checking Account No.)
3. (Name of account holder)
4. (Street No., RR #, P.O. Box of the Financial Organization)
5. (City, State, Country of the Financial Organization)

G
1. (Name to be entered on check) Ann L. Burke
2. (Street No., RR #, P.O. BOX) Route 3 Box 65
3. (City, State, ZIP code) Eau Claire, WI 54701

I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE

Ann L. Burke (Signature) | 389-62-2851 (SSN) | 15 May 1985 (Date)

Ann L. Burke, HHC, 793d Engr Bn, Eau Claire, WI 54701 (Printed Name & Organization)

DA FORM 3685 DEC 82 EDITION OF JUL 80 IS OBSOLETE.

INTRODUCTION

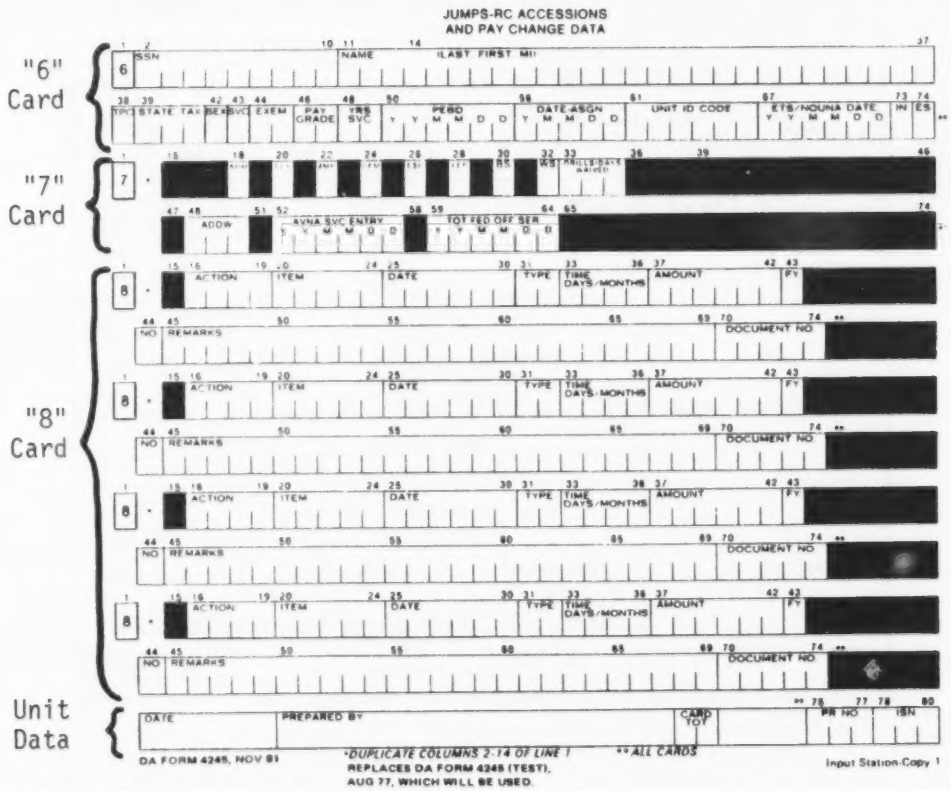
The DA Form 4245, JUMPS-RC Accessions and Pay Change Data, is an integral part of the Reserve Component Master Pay File (RCMPF). The DA Form 4245 is used to establish the pay account of a new member. This is what is meant by the term "initial load." Although this TEC Lesson explains only the initial load of the DA Form 4245, the Form is also used to change the data in the RCMPF account of a current member. Current members who transfer from one unit to another are not considered "initial loads" by the receiving unit: Transfers already have RCMPF accounts. An initial load is done only for new members of the USAR.

The DA Form 4245 is also known as the Keypunch Guide Form (KGF). It contains three basic sections: the "6" card; the "7" card; and the "8" card. This TEC Lesson explains how to prepare the "8" card. TEC Lesson 542-140-0014-A explains how to prepare the "6" card, and TEC Lesson 542-140-0015-A explains how to prepare the "7" card.

The DA Form 4245, JUMPS-RC Accessions and Pay Change Data, is used for an "initial load" of a USAR Troop Program Unit (TPU) member onto a computerized pay system. The term "initial load" means that information about the member is taken from the DA 4245 and "loaded" or keypunched into the computer. The computer's records contain the Reserve Component Master Pay File (RCMPF)--a listing of the pay accounts of all RC members.

This transferring or "loading" of information is initially done when a new person joins a Troop Program Unit (TPU). Information is gathered from the member's personnel records and entered onto the DA 4245, the Keypunch Guide Form (KGF). The KGF is used to establish his pay account on the RCMPF computer. After a member performs Inactive Duty Training (IDT), his account in the RCMPF is accessed and payment for the IDT is forwarded to the member.

Proper payment depends upon an error-free DA Form 4245. All three sections--the "6," "7," and "8" cards--must be prepared accurately. Look at the DA 4245 shown below. Each of the sections are labelled.



The first section of the DA Form 4245 is the "6" card. It is used for personal identification and other crucial pay data. TEC Lesson 542-140-0014-A furnishes information on how to complete the "6" card for an initial load.

The second section is the "7" card. It indicates entitlements for incentive pay, waivers of benefits, or additional tax withholding. TEC Lesson 542-140-0015-A provides information on how to record data on the "7" card for an initial load.

An initial load of the third section, the "8" card, involves recording information about where to send a member's pay. Pay is either sent directly to a financial institution via Electronic Fund Transfer (EFT), or a paycheck is mailed to a specified address. Other TEC Lessons explain how to use the "8" card to add, change, or delete data on an existing account.

Although this lesson only provides information on completing an initial load on the "8" card, all three sections--the "6," "7," and "8"--have to be completed for an initial load.

COMPLETING AN INITIAL LOAD ON THE "8" CARD

The "8" card is the third basic section of DA Form 4245. The "8" card is used for two different purposes: to complete an initial load on the RCMPF or to change data in an existing RCMPF account. This TEC Lesson explains how to complete an initial load on the "8" card.

On an initial load, the purpose of the "8" card is to tell the input station where to send a member's monthly paycheck. A member must choose to have his monthly pay sent either directly to his financial institution or mailed to some specified address, such as his home. This "8" card input must accompany the "6" card input when the initial load is sent to the input station.

When a member is assigned to a unit, he is required to complete a DA Form 3685, JUMPS-Army Pay Elections. The DA Form 3685 is completed by the member to indicate where he wants his monthly pay sent. The member elects the method of payment by completing either block F or block G and the signature block on DA Form 3685. See the illustration on the next page. If the member chooses to have his monthly pay deposited directly into his account in a financial institution, place an "X" in the box beside the words "SF 1199A Attached" in block F.

If the member elects to have the check mailed to a specified address, complete block G. Section "F" is explained first.

JUMPS - ARMY PAY ELECTIONS
For use of this form, see AR 37-104-3; proponent agency is U. S. Army Finance and Accounting Center

Privacy Act of 1974 (5 USC 552a). Authority: Title 37 USC Sec 101. Principal Purpose(s): To provide the service member a means of electing the manner in which he desires to receive his pay and allowances. Routine Uses: To establish the pay account of the MMPF. Although disclosure of the information is voluntary, if the member does not provide it, input will automatically be established to receive all pay at end of month by "Check for Cash."

HOW DO YOU WANT TO BE PAID? Please check one item.

☐ ONCE A MONTH (Complete A & B) ☐ TWICE A MONTH (Complete C & D) ☐ TOTAL ACCRUAL (Read E)

A If you checked once a month, please check one item.
- ☐ ALL PAY END OF MONTH
- ☐ MID MONTH PAY OF $ _____ (Not to exceed ½ of total) ACCRUE BALANCE OF PAY (Read E)
- ☐ ACCRUE $ _____ EACH MONTH/ BALANCE OF PAY END OF MONTH (Read E)

B Please check one method of payment.
- ☐ SURE PAY/DIRECT DEPOSIT (Complete F)
- ☐ CHECK to address (Complete G)
- ☐ CHECK to me at my unit
- ☐ CASH

C If you checked twice a month, please check one item.
- ☐ ½ OF PAY MID MONTH BALANCE OF PAY END OF MONTH
- ☐ MID MONTH PAY OF $ _____ (Specify amount, not to exceed ½ of total) BALANCE OF PAY END OF MONTH
- ☐ ACCRUE $ _____ EACH MONTH MID MONTH PAY OF $ _____ (Not to exceed ½ of total) BALANCE OF PAY END OF MONTH (Read E)

D Please check one method of payment for Mid-Month and one for End-Of-Month (You can have only one check address)*

	MID-MONTH	END-OF-MONTH
CHECK to address (if SURE PAY/ DIRECT DEPOSIT, Complete F) (All other address checks complete G)	☐	☐
CHECK to me at my unit	☐	☐
CASH	☐	☐

*YOU CAN NOT COMPLETE BOTH BLOCK F and G

E ALL AMOUNTS ACCRUED MAY BE WITHDRAWN AT ANY TIME UPON APPLICATION TO YOUR FINANCE OFFICER.

F Please read the back of this form carefully before completing this block.
- ☐ SF 1199A Attached
- ☐ SF 1199A on file in my PFR
- ☐ Other (complete lines 1 thru 5 at right)

1. (Name of Financial Organization)
2. (Savings or Checking Account No.)
3. (Name of account holder)
4. (Street No., RR #, P.O. Box of the Financial Organization)
5. (City, State, Country of the Financial Organization)

G 1. (Name to be entered on check)
2. (Street No., RR #, P.O. BOX)
3. (City, State, ZIP code)

I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE

(Signature) (SSN) (Date)

(Printed Name & Organization)

DA FORM DEC 82 3685 EDITION OF JUL 80 IS OBSOLETE.

Complete either Section "F"

or

Section "G"

Section "F": Electronic Fund Transfer (EFT)

Electronic Fund Transfer (EFT) means that a member's monthly pay is deposited directly into his checking or savings account. He does not have to wait for a paycheck to arrive in the mail.

When the member elects the DD/EFT option for payment, an SF 1199A (Authorization for Deposit of Federal Recurring Payments) must be obtained by the member from his financial institution. The SF 1199A is required for starting or changing a DD/EFT option. The member and the institution must complete the SF 1199A together. An example of a completed SF 1199A is shown below.

Standard Form 1199A is required if the DD/EFT option is chosen.

AUTHORIZATION FOR DEPOSIT OF FEDERAL RECURRING PAYMENTS

RECIPIENT (PAYEE) TO COMPLETE ITEMS A THROUGH J

I (we) authorize and request the below indicated program agency to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment directive modifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with the program agency until canceled by notice from me (us).

A. CLAIM OR FILE NUMBER			B. PROGRAM AGENCY	C. TYPE OF PAYMENT
PREFIX (for CSC & OAO)	CLAIM NUMBER (for all payments)	SUFFIX OR PAYEE NO. (if applicable)	DE Army	Salary

D. NAME(S) OF RECIPIENT(S) OF FUNDS	E. TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
KENNETH C. MAXWELL	C 389-68-2583
F. MAILING ADDRESS OF RECIPIENT(S) 4520 Parkway Drive	G. NAME OF PERSON(S) FOR WHOM PAYMENT IS MADE (The person(s) entitled to payment) Kenneth and Sherri Maxwell
(Enter Number and Street) Atlanta, Georgia 30301	H. IF BUSINESS ARRANGEMENT, GIVE NAME OF RECEIVING CREDIT UNIT
(City, State and Zip Code) ☐ Place an "X" in the box if address is different from the address to which your check is currently directed.	I. TELEPHONE NUMBER OF RECIPIENT(S) 404-658-3298
J. SIGNATURE(S) OF RECIPIENT(S) OR WITNESSES (See instructions on reverse) SIGNATURE: Kenneth C. Maxwell SIGNATURE: Sherri Maxwell	DATE 29 May 8

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

ROUTING NUMBER	CHECK DIGIT	NAME AND ADDRESS OF FINANCIAL ORGANIZATION
4587-6218	8	First Community Credit Union 900 South Fifth Street Atlanta, GA 30301

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)	BRANCH DESIGNATION, IF APPLICABLE
C 389-68-2583	
DEPOSITOR ACCOUNT TITLE: KENNETH C. MAXWELL	TELEPHONE NUMBER: 404-651-9837
AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER: Frederick J. Hammer	TITLE: Director — DATE: May 2

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT

The payee(s) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged that he (she) (they) freely gave act and deed.

Notary Public _____ Date _____ Seal _____

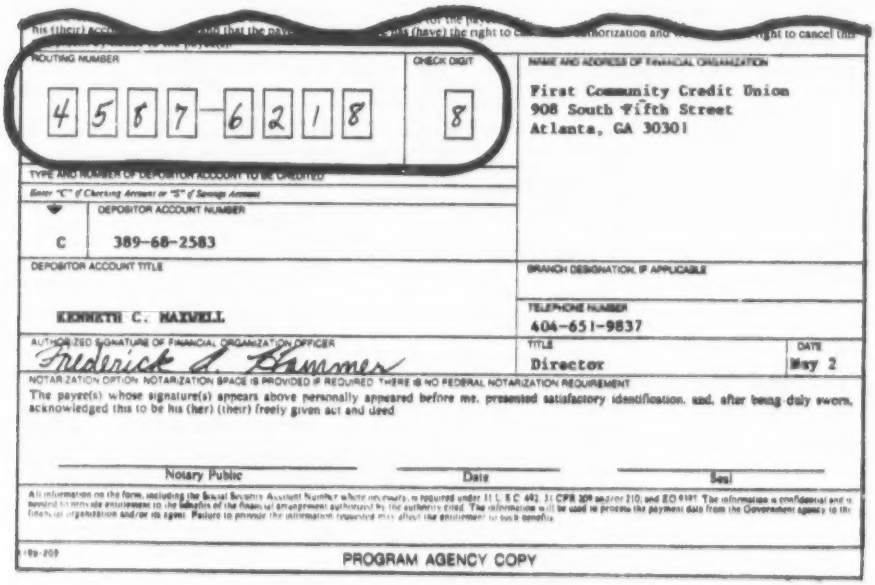
All information on the form, including the Social Security Account Number which we require, is requested under 31 U.S.C. 492, 31 CFR 209 and/or 210, and EO 9397. The information is considered as it is needed to pay out entitlements to the benefits of the State of program authorized by the authority cited. The information will be used to process the payment data from the Government agency to its financial organization and/or its agent. Failure to provide the information requested may affect the award/payment schedule.

PROGRAM AGENCY COPY

The member's decision to take advantage of the DD/EFT option must be recorded on the "8" card. The data is entered on the "8" card in the following order: First, in card columns 16-18, enter the action code ADM, to indicate that the data is administrative. Next, in columns 20-24, enter EFT, the abbreviation for Electronic Fund Transfer. Finally,

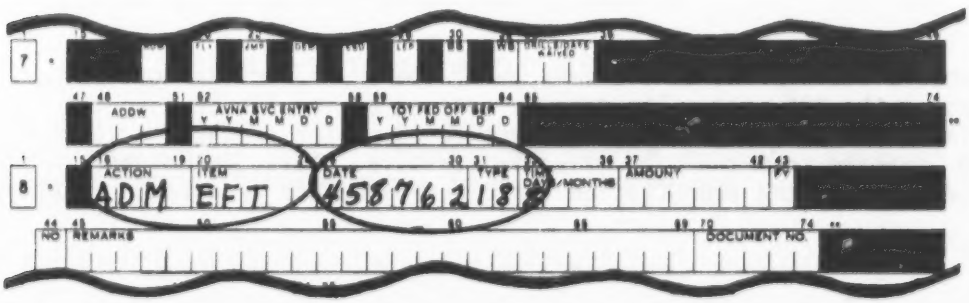
in columns 25-33 of the "8" card, enter the routing number and the check digit from the SF 1199A. The following examples explain how this entry is done.

The following illustrations show that SGT Maxwell has elected to have his monthly pay forwarded to a financial institution. He has completed an SF 1199A. Note the correct completion of the first step of the "8" card below.



ROUTING NUMBER: 4 5 8 7 – 6 2 1 8
CHECK DIGIT: 8
NAME AND ADDRESS OF FINANCIAL ORGANIZATION: First Community Credit Union, 908 South Fifth Street, Atlanta, GA 30301
TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C
DEPOSITOR ACCOUNT NUMBER: 389-68-2583
DEPOSITOR ACCOUNT TITLE: KENNETH C. MAXWELL
BRANCH DESIGNATION, IF APPLICABLE
TELEPHONE NUMBER: 404-651-9837
AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER: Frederick A. Hammes
TITLE: Director
DATE: May 2
NOTARIZATION OPTION. NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT
The payee(s) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.
Notary Public | Date | Seal
PROGRAM AGENCY COPY

The first entry, which is placed in columns 16-18, is the abbreviation ADM. Leave column 19 blank. The next entry is the abbreviation for Electronic Fund Transfer--enter EFT in columns 20-22. Leave columns 23-24 blank. The next entries are the routing number and the check digit. They are posted from the SF 1199A to card columns 25-33 of the "8" card. See the circled areas in the SF 1199A shown above and "8" card shown below. Leave columns 34-43 blank.



As you go through the lesson, copy the examples onto your "8" cards that were given to you. Note: Although a member cannot get paid both electronically and by mail, for purposes of this lesson use the same form as you complete both examples.

Let's move on now to the second row of card columns of the "8" card. The second row begins with column 44. On an initial load, leave column 44 blank; it is used only when changes in an existing account are necessary.

In column 45 of the "8" card, record a "C" for a checking account or an "S" for a savings account. The checking/savings information is on the SF 1199A. In columns 46-69, record the depositor account number, left-justified without spaces. Enter it in the same order as it appears on the SF 1199A. In the following examples, a "C," for checking, was posted from Maxwell's SF 1199A to column 45. His account number, with hyphens omitted, was posted to columns 46-54.

Standard Form 1199A (Rev. 1-78)
Department of Treasury—Fiscal Service
Treasury Dept. Cir. 1076

AUTHORIZATION FOR DEPOSIT OF FEDERAL RECURRING PAYMENTS

RECIPIENT (PAYEE) TO COMPLETE ITEMS A THROUGH J

I (we) authorize and request the below indicated program agency to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. T. authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with the program agency until canceled by notice from me (us).

A CLAIM OR FILE NUMBER			B PROGRAM AGENCY	C TYPE OF PAYMENT
PREFIX (for CSC & RRB)	CLAIM NUMBER (for all payments)	SUFFIX OR PAYEE NO. (if applicable)	DE Army	Salary

D NAME(S) OF RECIPIENT(S) OF FUNDS	E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
KENNETH C. MAXWELL	Enter "C" if Checking Account or "S" if Savings Account: C; DEPOSITOR ACCOUNT NUMBER: 389-68-2583
F MAILING ADDRESS OF RECIPIENT(S) (Street Number and Name): 4528 Parkway Drive; (City, State and ZIP Code): Atlanta, Georgia 30301	G NAME OF PERSON(S) FOR WHOM PAYMENT IS MADE (The payee(s) entitled to payment): Kenneth and Sherri Maxwell; H [illegible] OF DECEASED (CSC only)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED	
Enter "C" if Checking Account or "S" if Savings Account: C; DEPOSITOR ACCOUNT NUMBER: 389-68-2583	
I DEPOSITOR ACCOUNT TITLE: KENNETH C. MAXWELL	BRANCH DESIGNATION, IF APPLICABLE
	TELEPHONE NUMBER: 404-651-9837
AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER: Frederick L. Hammer	TITLE: Director; DATE: May 2

NOTARIZATION OPTION. NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT.

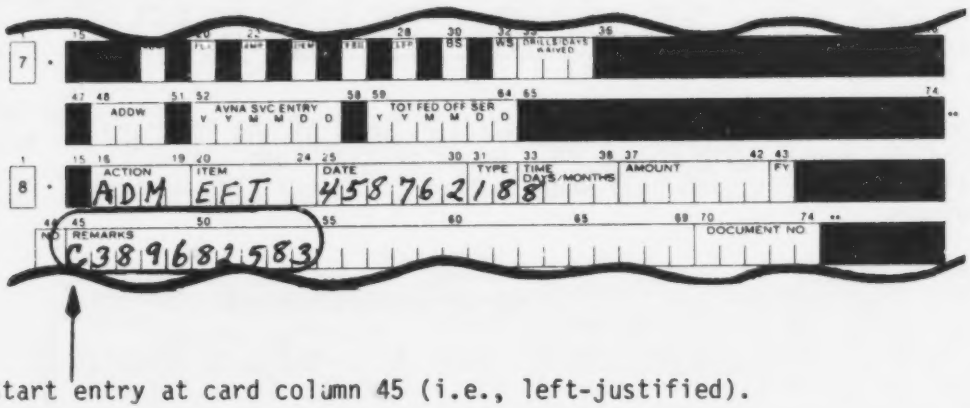
The payee(s) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

Notary Public _____ Date _____ Seal _____

All information on the form, including the Social Security Account Number where necessary, is required under 31 U.S.C. 492, 31 CFR 209 and/or 210, and EO 9397. The information is confidential and is needed to provide entitlement to the benefits of the financial arrangement authorized by the authority cited. The information will be used to process the payment data from the Government agency to the financial organization and/or its agent. Failure to provide the information requested may affect the entitlement to such benefits.

1199 709

PROGRAM AGENCY COPY

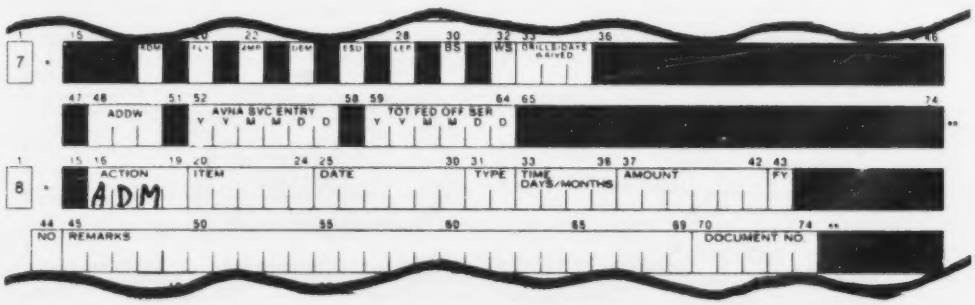


Start entry at card column 45 (i.e., left-justified).

Section "G:" Mailing the Paycheck

When a member chooses to have his check mailed to him, rather than simply having the funds electronically transferred, the following steps must be taken.

Start with the first row of the "8" card. In card columns 16-19, enter ADM--an initial load is an administrative task. See below.



The next step is to look at section "G" of the member's DA Form 3685. See the example below.

JUMPS - ARMY PAY ELECTIONS

G 1. (Name to be entered on check) Kenneth C. Maxwell

2. (Street No., RR #, P.O. BOX) 4528 Parkway Drive

3. (City, State, ZIP code) Atlanta, GA 30301

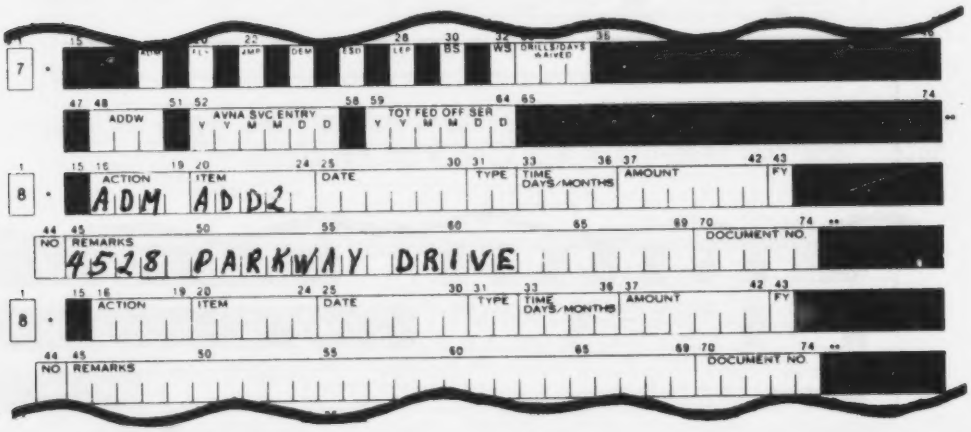
I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE

Kenneth C. Maxwell (Signature) 389-68-2583 (SSN) 2 May 85 (Date)

Kenneth C. Maxwell, HHC, 444th Engr Bn (C)(C), Atlanta, GA
(Printed Name & Organization)

DA FORM DEC 82 3685 EDITION OF JUL 80 IS OBSOLETE.

Lines "2" and "3" of section G have to be recorded. Line "2" is usually a street address, a Post Office Box or a Rural Route Number. To get Line 2 loaded, the first step is to enter the abbreviation ADD2 in card columns 20-23. Then move down to the second row of the "8" card and enter the mailing address, starting with card column 45. See the example below.

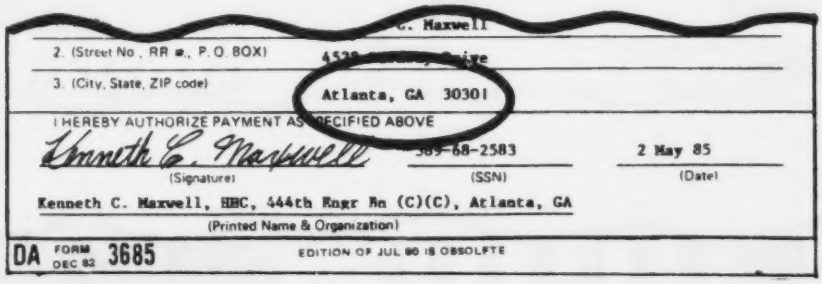


Occasionally, you may have to use an ADM ADD1 entry. ADM ADD1 is an optional entry. It is used only when an additional line has to be entered to clarify the address. For example, if an address contains both an apartment number and a street address, then an ADM ADD1/Apartment Number entry should be made in the first "8" card and an ADM ADD2 entry showing the street address should be made in the "8" card below it.

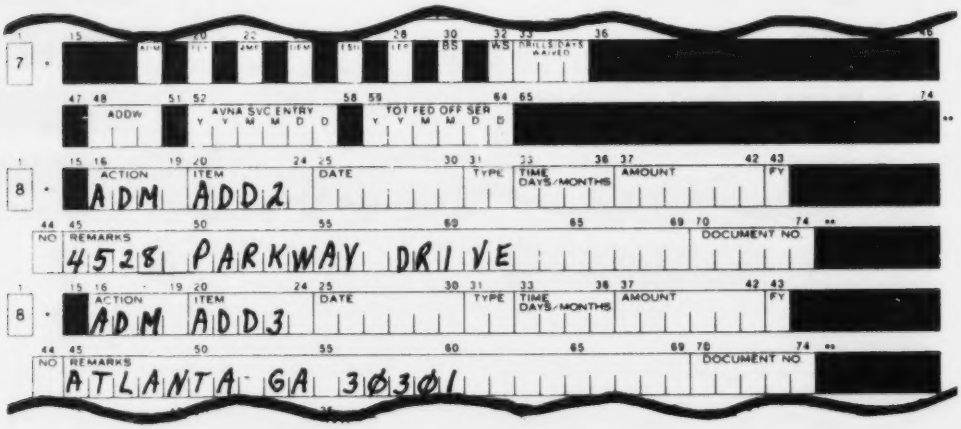
After the ADM ADD2 entry the next step is to post the city, state, zip code from section G of DA Form 3685 to the "8" card. Use the next "8" card, directly below your ADM ADD2 entry. On the first row of this

new "8" card, enter ADM in columns 16-19 and the abbreviation ADD3 in columns 20-23.

The city, state (2-letter abbreviation), and zip code are posted from section "G" (see below) to columns 45-69, which are located in the second row. See the example below.


2. (Street No., RR #, P.O. BOX)
3. (City, State, ZIP code)
Atlanta, GA 30301
I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE
(Signature)
(SSN)
2 May 85
(Date)
Kenneth C. Maxwell, HHC, 444th Engr Bn (C)(C), Atlanta, GA
(Printed Name & Organization)
DA FORM 3685 DEC 82
EDITION OF JUL 80 IS OBSOLETE

Look at the example below to see how the ADM ADD3 entry is made. Note: use the nine-digit zip code when required.



File the original copy of the DA Form 3685 and the SF 1199A (when used) in the member's Personal Financial Record (PFR). Place it in the left side, under the document divider. Send a copy of the DA Form 3685 with a copy of the SF 1199A attached, when used, to the input station. Give a photo or carbon copy of the DA Form 3685 to the member.

If specific questions arise regarding the correct entry of check address data as to the length allowed, handling of punctuation marks and abbreviations to be used, refer to AR 37-104-10.

SELF-EVALUATION EXERCISE

Try a practice exercise now recording data in the proper card columns on the "8" card. Use a blank DA Form 4245 to complete the exercises. DO NOT WRITE IN THIS BOOK. Turn to page 17 to check your answers.

Exercise 1

A member elected the DD/EFT Program. Using the information given below on the SF 1199A, enter the data on the "8" card.

Standard Form 1199A (Rev. 1-78)
Department of Treasury—Fiscal Service
Treasury Dept. Cir. 1076

AUTHORIZATION FOR DEPOSIT OF FEDERAL RECURRING PAYMENTS

RECIPIENT (PAYEE) TO COMPLETE ITEMS A THROUGH J

I (we) authorize and request the below indicated program agency to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with the program agency until canceled by notice from me (us).

A CLAIM OR FILE NUMBER			B PROGRAM AGENCY	C TYPE OF PAYMENT
PREFIX (for CSC & RRB)	CLAIM NUMBER (for all payments)	SUFFIX OR PAYEE NO. (if applicable)	US Army	Salary

D NAME(S) OF RECIPIENT(S) OF FUNDS	E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
John. G. Clark	Enter "C" if Checking Account or "S" if Savings Account: S — DEPOSITOR ACCOUNT NUMBER: 089 68 5214
F MAILING ADDRESS OF RECIPIENT(S) (Street Number and Name): 508 South Court Street	G NAME OF PERSON(S) FOR WHOM PAYMENT IS MADE (The person(s) entitled to payment): John G. Clark
(City, State and Zip Code): Tomah, Wisconsin 54660	H IF SURVIVOR ANNUITANT, GIVE NAME OF DECEASED (CSC only):
☐ Place an "X" in the box if address is different from the address to which your check is currently directed.	I TELEPHONE NUMBER OF RECIPIENT(S): 608-372-6851

J SIGNATURE(S) OF RECIPIENT(S) OR WITNESSES (See Instructions on Reverse)

SIGNATURE	SIGNATURE	DATE
John G. Clark		8 May 85

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

ROUTING NUMBER	CHECK DIGIT	NAME AND ADDRESS OF FINANCIAL ORGANIZATION
5 3 8 9 - 6 4 0 2	8	Farmers and Merchants Bank 112 North Superior Avenue Tomah, Wisconsin 54660

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: S — DEPOSITOR ACCOUNT NUMBER: 089 68 5214

DEPOSITOR ACCOUNT TITLE	BRANCH DESIGNATION, IF APPLICABLE
John G. Clark	TELEPHONE NUMBER: 608-372-5198
AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER: Richard M. Howard	TITLE: Director — DATE: May 8

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT

The payee(s) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

Notary Public _____ Date _____ Seal _____

All information on the form, including the Social Security Account Number where necessary, is required under 31 U.S.C. 492, 31 CFR 209 and/or 210, and EO 9397. The information is confidential and is needed to provide entitlement to the benefits of the financial arrangement authorized by the authorizing cited. The information will be used to process the payment data from the Government agency to the financial organization and/or its agent. Failure to provide the information requested may affect the speed, accuracy, or payment of benefits.

1199-202

PROGRAM AGENCY COPY

SELF-EVALUATION EXERCISE

Exercise 2

SGT Collins indicated on her DA Form 3685 that she wanted her paycheck mailed to her home address. Look at block G illustrated below and enter the data correctly on the "8" card.

JUMPS - ARMY PAY ELECTIONS

For use of this form, see AR 37-104-3; proponent agency is U.S. Army Finance and Accounting Center

Privacy Act of 1974 (5 USC 552a). Authority: Title 37 USC Sec 101. Principal Purpose(s): To provide the service member a means of electing the manner in which he desires to receive his pay and allowances. Routine Uses: To establish the pay account of the MMPF. Although disclosure of the information is voluntary, if the member does not provide it, input will automatically be established to receive all pay at end of month by "Check for Cash."

HOW DO YOU WANT TO BE PAID? Please check one item.

☐ ONCE A MONTH (Complete A & B) ☐ TWICE A MONTH (Complete C & D) ☐ TOTAL ACCRUAL (Read E)

A If you checked once a month, please check one item.

☐ ALL PAY END-OF-MONTH
☐ MID-MONTH PAY OF $ _____ (Not to exceed ½ of total) ACCRUE BALANCE OF PAY (Read E)
☐ ACCRUE $ _____ EACH MONTH/ BALANCE OF PAY END-OF-MONTH (Read E)

B Please check one method of payment.

☐ SURE PAY/DIRECT DEPOSIT (Complete F)
☐ CHECK to address (Complete G)
☐ CHECK to me at my unit
☐ CASH

C If you checked twice a month, please check one item.

☐ ½ OF PAY MID-MONTH BALANCE OF PAY END-OF-MONTH
☐ MID-MONTH PAY OF $ _____ (Specify amount, not to exceed ½ of total) BALANCE OF PAY END-OF-MONTH
☐ ACCRUE $ _____ EACH MONTH MID-MONTH PAY OF $ _____ (Not to exceed ½ of total) BALANCE OF PAY END-OF-MONTH (Read E)

D Please check one method of payment for Mid-Month and one for End-Of-Month

(You can have only one check address)*

	MID-MONTH	END-OF-MONTH
CHECK to address (If SURE PAY/ DIRECT DEPOSIT, Complete F) (All other address check item- plete G)	☐	☐
CHECK to me at my unit	☐	☐
CASH		

*YOU CAN NOT COMPLETE BOTH BLOCK F and G.

E ALL AMOUNTS ACCRUED MAY BE WITHDRAWN AT ANY TIME UPON APPLICATION TO YOUR FINANCE OFFICER.

F Please read the back of this form carefully before completing this block.

☐ SF 1199A Attached
☐ SF 1199A on file in my PFR
☐ Other (complete lines 1 thru 5 at right)

1. (Name of Financial Organization)
2. (Savings or Checking Account No.)
3. (Name of account holder)
4. (Street No., RR #, P.O. Box of the Financial Organization)
5. (City, State, Country of the Financial Organization)

G 1. (Name to be entered on check) Sharon L. Collins
2. (Street No., RR #, P.O. BOX) 500 East Adams Street
3. (City, State, ZIP code) LaCrosse, WI 54601

I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE

Sharon L. Collins (Signature) 390-65-2259 (SSN) 10 May 85 (Date)

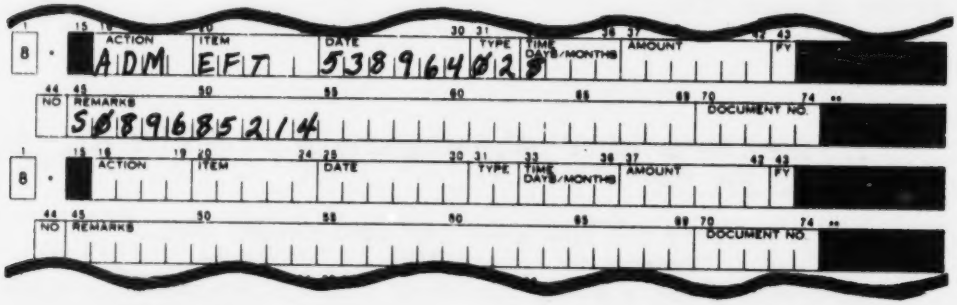
Sharon L. Collins, 904th Pers Service Co., Sparta, WI 54656
(Printed Name & Organization)

DA FORM DEC 83 3685 EDITION OF JUL 80 IS OBSOLETE.

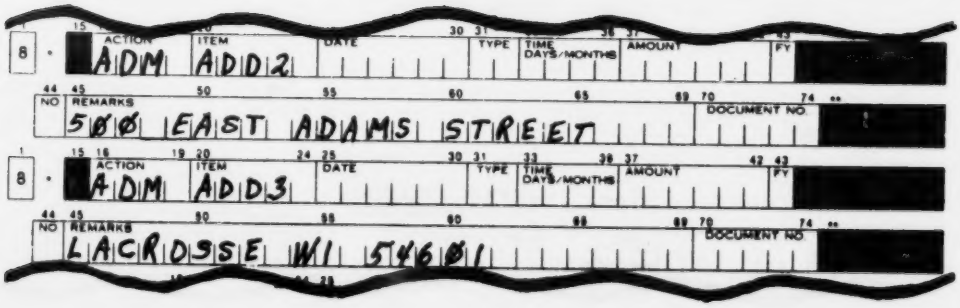
ANSWERS TO SELF-EVALUATION EXERCISE

Compare your "8" card entries to those shown below. Go back and review any problem areas.

Exercise 1



Exercise 2



Guidelines for Input Preparation

Prepare two copies of DA Form 4245. Send the original to the input station. Keep the duplicate copy in the member's Personal Financial Record (PFR) until you receive the Leave and Earnings Statement (LES). Verify the duplicate against the LES to ensure the action was accepted and processed correctly. When verification is completed, destroy the duplicate DA Form 4245 and file the duplicate copy of the LES in the PFR. Use the following guidelines when preparing DA Form 4245:

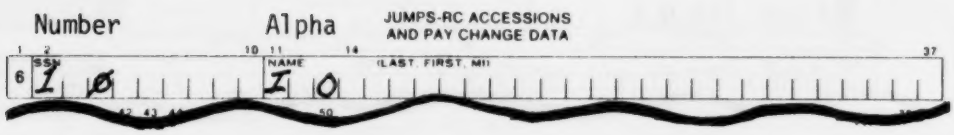
1. Use blue or black ink; preferably blue for contrast. Do not use red.
2. Enter only one character per card column (CC).
3. Print clearly using the large block alpha characters shown below:

   A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

4. Use only the following numeric characters to distinguish from alpha characters:

   Ø 1 2 3 4 5 6 7 8 9

5. Distinguish between alpha "I" and the number "1," and the alpha "O" and the number "Ø"; always slash the zero. See the illustrations shown below.



Other alpha numbers to use with care include:

a. Alpha "S" and the number "5."

b. Alpha "Z" and the number "2."

c. Alpha "U" and alpha "V."

d. Alpha "D" and alpha "O."

6. All alpha entries should be entered in the left-most card columns of the data fields. This is called "Left-Justified."

In addition to being used for an initial load, the "8" card is also used to add new data or to change or delete data on a member's RCMPF account. See TEC Lesson 542-140-0017-A for information on how to use the "8" card for these other functions.

You have now finished this lesson. You should be able to complete the "8" card portion of the DA Form 4245. If you have had problems answering any questions, review the lesson again. When you are ready, take the Pre/Post-Test.

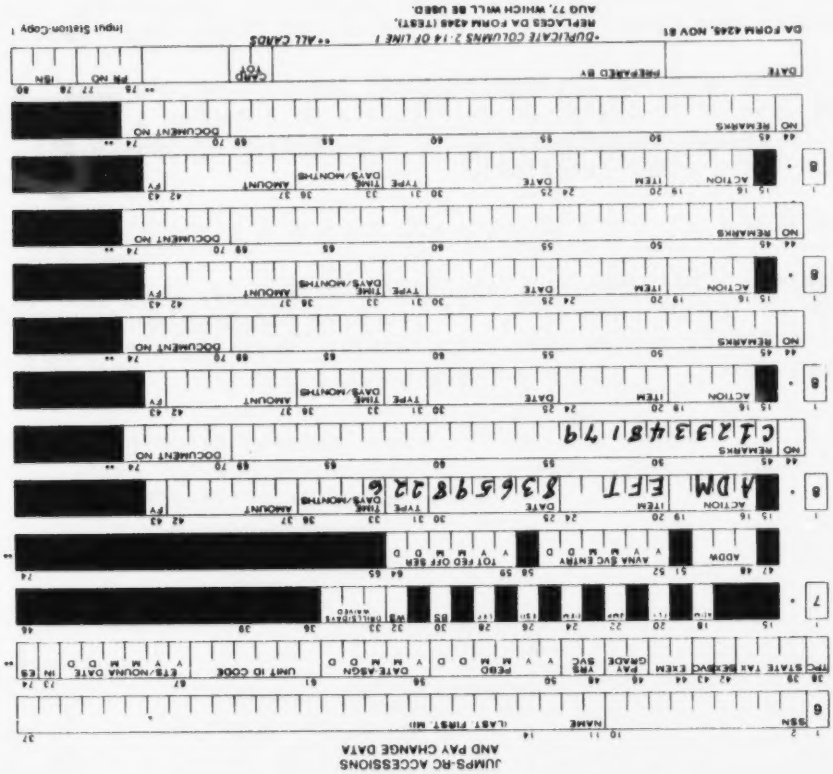
PRE/POST-TEST ANSWER KEY

Each answer or part of an answer has a value of one point as indicated. The total possible score is 10 points. A passing score is 8 points or more.

Electronic Fund Transfer:

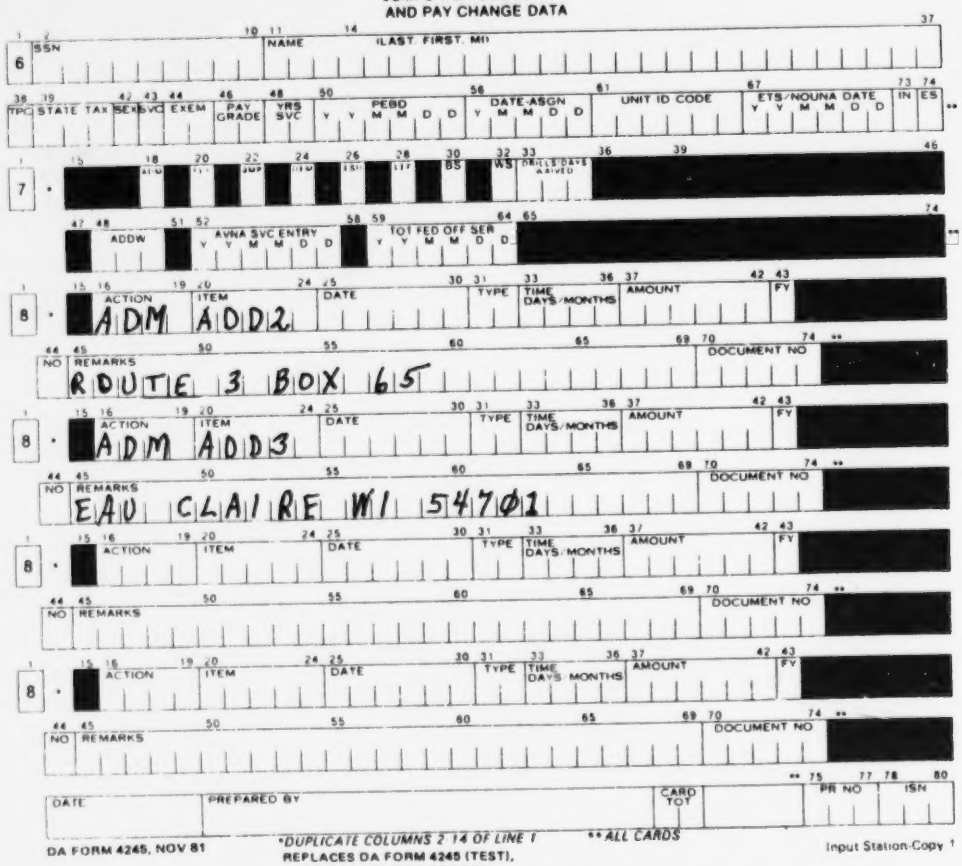
First DA Form 4245

1. CC 16-19 (1 point)
   CC 20-22 (1 Point)
   CC 25-33 (1 point)
   CC 45-69 (1 point)



* U.S. GOVERNMENT PRINTING OFFICE: 1982—656-848/611

JUMPS-RC ACCESSIONS AND PAY CHANGE DATA



DA FORM 4245, NOV 81

*DUPLICATE COLUMNS 2 14 OF LINE 1

REPLACES DA FORM 4245 (TEST), AUG 77, WHICH WILL BE USED.

**ALL CARDS

Input Station-Copy 1

Mailing the Paycheck:

Second DA Form 4245

First "8" Card

2. CC 16-19 (1 point)
   CC 20-23 (1 point)
   CC 45-69 (1 point)

Second "8" Card

CC 16-19 (1 point)
CC 20-23 (1 point)
CC 45-69 (1 point)

PRE/POST-TEST ANSWER KEY